PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Intervention Name: What Could You Do?

Developer: Julie Downs, PhD; Wändi Bruine de Bruin, PhD; Claire Palmgren;

Baruch Fischhoff, PhD; Pamela Murray, MD, MPH;

Joyce Penrose, DPH, RN-C

Program Description: What Could You Do? is an interactive video intervention aimed at

increasing young women's ability to make less risky sexual health decisions. The video includes vignettes during which viewers are presented with specific options to choose from related to sexual behaviors. The intervention is designed to increase knowledge of STDs, decrease sexual risk behaviors, and decrease STD

acquisition among female high school students.

Component 1: Interactive Video

The What Could You Do? interactive video consists of four sections: (1) sexual situations, (2) risk reduction, (3) reproductive health, and (4) STDs. Video content is presented by ethnically diverse adolescent girls engaging in realistic scenarios. Condom use is linked to positive outcomes such as pleasure and reassurance, rather than negative outcomes such as disease. The video is interactive, allowing viewers to select or skip sections. Viewers are given the opportunity to mentally practice how they would respond in hypothetical situations, through the frequent use of "cognitive rehearsal."

Average viewing time for the full video is 45 minutes. However, this can vary based on the viewers' selection choices at key decision points during the video. The "structured" version of the DVD follows a single story line, while the "flexible" version is more versatile and allows viewers to skip sections. The program was designed for an applied health setting such as a doctor's office or clinic. However, it could potentially be used in a school if user privacy could be ensured.

Target Population: Available information describes the target population as females,

ages 14–18, with previous sexual experience.

Curriculum A boxed set consisting of the structured and flexible DVD is **Materials:** available through http://www.whatcouldyoudo.org/. (A version

of the DVD with Spanish subtitles is under development). A digitized program package, which contains program materials in

PDF format and includes the User Guide and any original

Evaluation Instruments, is available at http://www.socio.com/passt19.php.

Training and TA: The intervention does not require the direct participation of

educators, providers, or other staff.

Research Evidence¹

Study Citation: Downs, J. S., Murray, P. J., Bruine de Bruin, W., Penrose, J.,

Palmgren, C., & Fischhoff, B. (2004). Interactive video behavioral

intervention to reduce adolescent females' STD risk: A

randomized controlled trial. Social Science & Medicine, 59(8),

1561-1572.

Population Evaluated: Predominantly African American girls who had been sexually active in the six months prior to baseline recruited from a children's hespital's adolescent modicine clinic (57%), communications of the six months and second modicine clinic (57%).

children's hospital's adolescent medicine clinic (57%), community health centers (24%), and a women's teaching hospital (19%)

Age range 14 to 18 years

• 75% African American, 15% white, 10% other

Setting: Four clinic-based healthcare sites in Pittsburgh, Pennsylvania

Study Findings: At the 3-month follow-up: participants who watched the video

were significantly more likely to report having been abstinent in

the past 3 months.

At the 6-month follow-up: participants who watched the video were significantly less likely to report having been diagnosed with

an STD.

¹ This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.